

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <input checked="" type="radio"/> Initial <input type="radio"/> Follow-up <input type="radio"/> On-Site <input type="radio"/> Off-Site <input type="radio"/> Telemedicine
Referred to: <i>X-ray</i>	Referred by: <i>Baseline</i>	Appt. Date/Time: <i>8-27-01</i>
Specialty:	Drug Sensitivity: <i>NKA</i>	Copies of relevant health information attached: (circle) Yes <input type="radio"/> No <input checked="" type="radio"/>

Reason for Referral/ History of Present Illness/Injury:

*X-ray - Lt Hand*

Treatment to Date/ Current Medications and Significant Medication History:

*Fall getting out of shower 8-25  
Swelling on Lt hand - Pain swelling  
4-5 hr area - R/o Frx*

DR. DAVID BASLINE D.O.

*DR. DAVID BASLINE D.O. 8-26-01*  
Signature of Referring Physician Date

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:		Date:	
UR Decision: (Circle)	Approval	Disapproval	Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

*DONE 8/27/01 @ 0945  
late add on - not Linda Helgert, R.N.  
on x-ray callout*

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

## CONSULTATION RECORD

Part A: Completed by referring facility:	Type of Consult: (Circle) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Telemedicine	
Referred to: <i>Dr. Anthony Smith / Dr. Troy Smith</i>	Referred by: <i>Mark Baker</i> Medical Director	Appt. Date/Time: <i>Mon 8/27/01</i>
Specialty: <i>MLH Orthopedics</i>	Drug Sensitivity: <i>N/A</i>	Copies of relevant health information attached: (circle) Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Referral/ History of Present Illness/Injury: <i>-V9 FL- ① Hand Frx 8/25/01 Fall getting out of Shower ① hand swollen</i>		
Treatment to Date/Current Medications and Significant Medication History: <i>X-ray C-metacarpally displaced Frx 4th metacarpal Proximally (R hand) (closed). 10x8-25</i>		
Pres: <i>Aspirin 1mg bid, Xanax 1mg po bid, Sustained 50mg po qd</i> <i>Dr. Mark Baker</i> <i>Medical Director</i>		<i>8/27/01</i> <i>8/27/01</i> Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	<input checked="" type="checkbox"/> Approval	Disapproval
Medical Director Signature:	Date:	
UR Decision: (Circle)	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
<p><b>ORTHO NOTE:</b> Pain + swelling <input checked="" type="checkbox"/> hand <i>8/27/01</i>  <i>X-ray: + fx R+ Ring / small finger metacarpals</i>  <i>Impression:</i> <i>Ulnar gutter splint R+ forearm + hand</i>  <i>Plan:</i> <i>Ulnar gutter splint R+ forearm + hand</i> <i>9/5/01 2:15 PM</i>  <i>Will follow up in ortho clinic.</i> <i>Keep splint dry.</i>  <i>Rest/ice/elevate sling.</i> <i>Keep splint dry.</i></p> <p><i>Dr. Belling Ortho</i></p>		
Signature of Medical Director Date/Time	Signature of Consulting Physician Date/Time	

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC-441  
 (Revised 1-01)

Inmate Name:  
*MP* *Green, Tyrone*  
 Inmate Number:  
*EP4593*  
 DOB:  
*1/23/70*  
 Facility:

*Dr. Mark Baker*  
*Medical Director*

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Telemedicine
Referred to:	Referred by: <b>Mark Baker</b> Medical Director	Appt. Date/Time: <b>Mon 8/27/01</b>
Specialty: <b>MC-H Orthopedics</b>	Drug Sensitivity: <b>N/A</b>	Copies of relevant health information attached: (circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reason for Referral/ History of Present Illness/Injury: W/9 FL(R)hand fx 8/25/01Fall getting out of shower(R)hand dominant

Treatment to Date/Current Medications and Significant Medication History:

X-ray @ manually displaced fx 4th metacarpal  
proximally (R)hand. (closed) → to R.P.Med: Risperidol 1mg po bid, Xanax 1mg po bid, Sustagen 50mg po qd  
Dr. Mark Baker  
Medical Director8/27/01TelePASignature of Referring Physician Date

Reviewed by Medical Director: (Circle)	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	Forwarded to UR (Date):
Medical Director Signature:			Date:

UR Decision: (Circle)	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval	Date:
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Part B: To be completed by consulting Physician and returned with officer to the institution:

**ORTHO NOTE:** Pain + swelling **(R)** hand **8/27/01**  
 X-ray: **(R)** fx **(R)** ring / small finger metacarpals  
 Impression: **Ulnar gutter splint (R) forearm + hand**  
 Plan: **Ulnar gutter splint (R) forearm + hand** **9/5/01 2:15 PM**  
 Will follow up in ortho clinic  
 Rest/ice /debride sling. Keep splint dry.

**Berlin J** **ORTHO**

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC-441  
 (Revised 1-01)

Inmate Name:  
**Green, Tyrone**  
 Inmate Number:  
**EP4593**  
 DOB:  
**1/23/70**  
 Facility:  
**A1**

**Dr. Mark Baker**  
**MEDICAL DIRECTOR**

Name TYRON GREENDate 8/27/01MILLCREEK COMMUNITY HOSPITAL  
5515 Peach Street  
Erie, PA 16509ORTHOPEDIC INSTRUCTIONS

- Keep your cast/dressings clean and dry.
- Do not put anything inside your cast/dressings.
- Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- Check toes and fingers frequently for swelling.
- Move toes and fingers frequently to prevent swelling and stiffening.
- Do not bear weight for \_\_\_\_\_ hours on a walking cast.
- Always wear cast boot when bearing weight on walking cast.
- Wear arm sling \_\_\_\_\_
- Use your crutches as directed and always bring them to every appointment.
- Never trim or cut down the length of your cast by yourself.
- Call Millcreek Community Hospital at 864-4031 if:
  - a. Pressure points or rubbing develops under your cast.
  - b. Your exposed body area (fingers or toes) becomes numb or cool.
  - c. Your cast softens, cracks, or breaks.
  - d. You experience a significant increase in pain.
- You have a prescription for \_\_\_\_\_ take \_\_\_\_\_
- You have a clinic appointment at the hospital at 14:15 AM PM on 9/5/01.
- Call 864-4031 at 8 AM on \_\_\_\_\_ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- Call the office (864-5455) today for an appointment for \_\_\_\_\_
- Your Attending Orthopedist is: TONY FERRETTI
- No school until \_\_\_\_\_
- May return to school \_\_\_\_\_
- No Gym until released by Attending Orthopedist \_\_\_\_\_
- No work until released by Attending Orthopedist \_\_\_\_\_
- May return to work \_\_\_\_\_
- ADDITIONAL INSTRUCTIONS

Rest / ice / elevateDr. Mark Baker  
Medical DirectorLight duty only

P-201 11b

M

Name TONY GREEN  
 Date 8/27/01

MILLCREEK COMMUNITY HOSPITAL  
 5515 Peach Street  
 Erie, PA 16509

ORTHOPEDIC INSTRUCTIONS

- Keep your cast/dressings clean and dry.
- Do not put anything inside your cast/dressings.
- Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- Check toes and fingers frequently for swelling.
- Move toes and fingers frequently to prevent swelling and stiffening.
- Do not bear weight for \_\_\_\_\_ hours on a walking cast.
- Always wear cast boot when bearing weight on walking cast.
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  - b. Your exposed body area (fingers or toes) becomes numb or cool.
  - c. Your cast softens, cracks, or breaks.
  - d. You experience a significant increase in pain.
- You have a prescription for \_\_\_\_\_ take \_\_\_\_\_
- You have a clinic appointment at the hospital at 14:15 AM/PM on 9/5/01.
- Call 864-4031 at 8 AM on \_\_\_\_\_ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- Call the office (864-5455) today for an appointment for \_\_\_\_\_
- Your Attending Orthopedist is: TONY FERRETTI
- No school until \_\_\_\_\_
- May return to school \_\_\_\_\_
- No Gym until released by Attending Orthopedist \_\_\_\_\_
- No work until released by Attending Orthopedist \_\_\_\_\_
- May return to work \_\_\_\_\_
- ADDITIONAL INSTRUCTIONS

Dr. Mark Baker  
 Medical Director

Rest / ice / elevate

Light duty only

F2P1

MH

No. \_\_\_\_\_

## CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509		Referred by: (physician name)  Dr. Mark Baker Medical Director
		Appt. Date: <i>Fri 9/4/01</i>
		Appt. Time:
Specialty: Orthopedics		
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: <i>Gu of 9-30-1145 Lr gpa SP-① 4th &amp; 5th metatarsal for (P-241) falling P-251</i>		
History of Injury/Problem:		Date of Onset: <i>(P-241) falling P-251</i>
Treatment to Date/Current Medications and Significant Medication History:  <i>Dr. Mark Baker Medical Director</i>		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		Medical Director Signature: <i>MM 9/4/01</i>
Transmittal Date:		Transmitted By:
Approval Date:		Approved By:
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations:  <i>No Show - Rev offsite Ortho clinic @ MCH. Rebecca Gould <u>RLM</u> Clinical Specialist</i>		
		Signature of Consulting Physician
		Date

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441

Inmate Name: *George Tyrone*  
Inmate Number: *ED 4593*  
DOB: *1-13-4*  
Institution: *SCI Allentown*

No. \_\_\_\_\_

## CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509	Referred by: (physician name)  Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509	Appt. Date: Fri 9/4/01
Specialty: Orthopedics		
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: Fracture 9-5-01 145 lb girl SB (R 4th + 5th metatarsal) for		
History of Injury/Problem:	Date of Onset:	(P-241)-6911398 R-251
Treatment to Date/Current Medications and Significant Medication History:  Dr. Mark Baker Medical Director Signature of Referring Physician Date		

<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Medical Director Signature:	Date:
Transmittal Date:	Transmitted By:	
Approval Date:	Approved By:	

Part B: To be completed by consulting Physician and returned with officer to the institution:

Diagnosis and Recommendations:

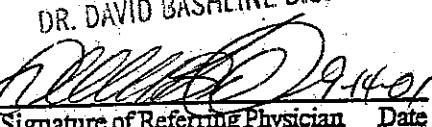
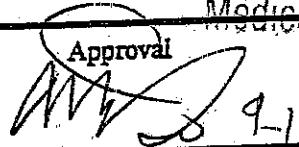
No Show -  
Ref outside Ortho clinic @  
MCH. Rebecca Caudell R. Caudell  
Clinical Specialist

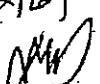
Signature of Consulting Physician	Date
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Consultation Record Commonwealth of Pennsylvania Department of Corrections DC-441	Inmate Name: <u>Greg Ture</u> Inmate Number: <u>24593</u> DOB: <u>1-13-71</u> Institution: <u>SCI Allentown</u>	Signature of Consulting Physician Date  <u>FP</u> <u>9/4/01</u>
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10/12/01

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Telemedicine
Referred to: <b>Dr. T. Ferretti - Ortho Clinic</b>	Referred by: <b>Dr. Bashline</b>	Appt. Date/Time: <b>Fri 10/12/01 0930</b>
Specialty: <b>Ortho.</b>	Drug Sensitivity: <b>NKDA</b>	Copies of relevant health information attached: (circle) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>PRMS</b>
Reason for Referral/ History of Present Illness/Injury: <b>Flu - S/P (R) 4th &amp; 5th Metacarpal fx (8/27/01)</b>		
Treatment to Date/Current Medications and Significant Medication History: <b>Pt in wrist gutter splint.</b>		
<b>Pt "No Show" 9/14 onsite</b> <b>clin.c</b> <div style="text-align: right;"> <b>DR. DAVID BASHLINE D.O.</b>    <b>Signature of Referring Physician</b> <b>Date</b>  <b>10/12/01</b> </div>		
Reviewed by Medical Director: (Circle)	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval <b>Dr. Mark Baker</b> <b>Medical Director</b>	
Medical Director Signature:	 <b>Date:</b> <b>9-17-01</b>	
UR Decision: (Circle)	<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
	<b>Date:</b>	
Part B: To be completed by consulting Physician and returned with officer to the institution:		
<b>9/20/01 Dr Ferretti D.O. to perform AP/Lat/Oblique x-ray &amp; new splint</b> <b>&amp; we will take to mca for review by Ortho Surg. Reschedule</b> <b>at 10/12/01 onsite clinic unless deemed necessary to be seen</b> <b>prior to that clinic. Will await Dr Ferretti's orders. Please be aware</b> <b>(R) hand: Splint intact - had been removed as per Dr Ferretti's orders. Please be aware</b> <b>elbow is swollen - findings w/return patient note sent to Dr Ferretti's office</b> <b>10/12/01</b>		
Signature of Medical Director Date/Time:	<b>Signature of Consulting Physician Date/Time</b> <b>DR. MARK BAKER APRN 10/12/01</b>	

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections 1349  
 DC-441 Mark Baker (R-N)  
 (Revised 1-01)  
 Medical Director 

Inmate Name: **Greene, Tyrone**  
 Inmate Number: **EP 4593**  
 DOB: **1/23/70**  
 Facility: **Albion, PA**

## CONSULTATION RECORD

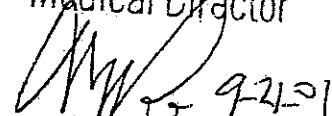
Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
X-ray	D. Baker	
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No
MRI		

Reason for Referral/ History of Present Illness/Injury:

(R hand)

AP / LAT / oblique through splint

Treatment to Date/Current Medications and Significant Medication History:

Dr. Mark Baker  
Medical Director 9-21-01

Signature of Referring Physician Date

Reviewed by Medical Director: (Circle) Approval Disapproval Forwarded to UR (Date):

Medical Director Signature:

Date:

UR Decision: (Circle) Approval Disapproval Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

DONE 9/21/01 @ 1019  
Date add on - not in x-ray callout LINDA HELGERT, R.T.  
Linda Helgert

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine
Referred to: <i>X-ray</i>	Referred by: <i>D Baker</i>	Appt. Date/Time:
Specialty: <i>MSK</i>	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Referral/ History of Present Illness/Injury:

*R hand  
AP / LAT / oblique through split*

Treatment to Date/Current Medications and Significant Medication History:

Dr. Mark Baker  
Medical Director

*MMB 9/21/01*

Signature of Referring Physician Date

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

*Done 9/21/01 @ 1019  
late add on - not  
on x-ray callout LINDA HELGERT, R.T.  
J. Helgert RT*

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-441  
(Revised 1-01)

Inmate Name: *Green Tyrone*  
Inmate Number: *EP4593*

DOB: *1-23-70*Page *1* of *1*

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
X-ray	Dr. T. Corretti	10/12/01
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reason for Referral/ History of Present Illness/Injury:

X-ray (L) hand pp &amp; Lst oblique out of splint

Treatment to Date/Current Medications and Significant Medication History:

*Shane* 10/10  
 Signature of Referring Physician Date

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

*DONE 10/12/01 @ 1008  
 Late add on motion  
 X-ray called in LINDA HELGERT, R.T.  
*Shane* 10/10*

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC-441  
 (Revised 1-01)

Inmate Name: *Greene, Tyrone*  
 Inmate Number: *EP 4593*  
 DOB: *1-23-70*  
*Bilhim*

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult (Circle) Initial Follow-up <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Telemedicine
Referred to:	Referred by:	Appt. Date/Time:
X-ray	Dr. T. Ferretti	10/12/01
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reason for Referral/ History of Present Illness/Injury:

X-ray R hand pp &amp; Lst oblique out of splint

Treatment to Date/Current Medications and Significant Medication History:

*Spies 10/12/01*  
 Signature of Referring Physician Date

Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

*DONE 10/13/01 (9/1008)*  
*late add on notation*  
*X-ray call out LINDA HELGERT, R.T.*  
*Spies 10/12/01*

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record  
 Commonwealth of Pennsylvania  
 Department of Corrections  
 DC-441  
 (Revised 1-01)

Inmate Name: Greene, Tyrone  
 Inmate Number: EP 4593  
 DOB: 1-23-70

## CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telecon
Referred to:	Dr. T Ferretti - MC4 Ortho Clinic	Referred by: Dr. Bashline
Specialty:	Ortho.	Drug Sensitivity: NKDA.
		Appt. Date/Time: Fri 10/12/01 0930
		Copies of relevant health information attached: (circle) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> X-rays

Reason for Referral/ History of Present Illness/Injury:

Flu - S/P (R) 4th & 5th metacarpal fx  
(8/27/01)

Treatment to Date/Current Medications and Significant Medication History:

Pt in K-wire gutter splint.

Pt "No Show" 9/14 onsite  
Clinic

DR. DAVID BASHLINE D.O.

  
Signature of Referring Physician Date 9/14/01

Dr. Mark Baker

Medical Director

Reviewed by Medical Director: (Circle)

Approval

Disapproval

Forwarded to UR (Date):

Medical Director Signature:

Date: 9-17-01

UR Decision: (Circle) Approval

Disapproval

Date:

Part B: To be completed by consulting Physician and returned with officer to the institution:

9/20/01 Dr Ferretti US to perform AP/Lat/Oblique x-ray thru splint & we will take to MC4 for review by Ortho Surg. Reschedule at 10/22/01 onsite clinic unless deemed necessary to be seen prior to that date. Will await Dr Ferretti's orders. Arlene Bevan  
 (R) (initials): Splint intact - had been removed as per Dr Ferretti's orders - findings w/other x-rays normal. 2nd opinion requested. Patient (R) (initials) after Dr Ferretti's review of x-rays (R) (initials) 10/12/01

Signature of Medical Director Date/Time

Signature of Consulting Physician Date/Time

Consultation Record

Commonwealth of Pennsylvania  
Department of Corrections 1349  
DC-441 Mark Baker (R) (initials)  
(Revised 1-01) Medical Director

Inmate Name: Greene, Tyrone

Inmate Number: EP 4593

DOB: 1/23/70

PA

## PROGRESS NOTES

 Outpatient Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
790		PAC	Sore at vulva by rectum superior, in rectum. Report was noted in Day 16 deep and stool was put on rectum. Stool by was red and watery but did not want to eat to take medication until last eat last act yesterday. Now "has to be seen".
1250	#3	II	O. Day 16 rectal irritation & anal abrasion noted. PERRITA EON's intact moderate clear discharge noted
			A. Traumatic conjunctivitis P. Cetospirin eye drops 1-4-1 Day 16 today RT if redness and "watery" does not "go away" prior to medication. Drug will be discontinued
790		PAC	S. Herp. of A.M.S. test no need 205 TAMMY MOWBY, F
1315	B		O. See DC470
			A. "bepolar"
			P. EKG/SMA's ordered
			It was scheduled
825A 1300	NSQ		No Show, Psych med now. Compliance Counseling P1 RAPPILUCAS, RN

Date/ Time	Prog #	Case 1:03-00149-SJM-SPB Abbreviation	Document 91-2 Filed 12/09/2005 Page 15 of 30 Subjective, Objective, Assessment, Plan
8/25/01 2005	4	NSG.	S: "I fell in the shower." O: VS: 122/80, 95 <sup>o</sup> , T2, H. drowsy claims to have fallen in shower while holding towel and then fell on floor. (R) hand in a fist position. Note (R) hand edema, to anterior aspect of hand. Tenderness palp. ROM very limited. N: altered in comfort. P: 33 <sup>o</sup> infirmary observation. Very hot in (R) PWT 74 <sup>o</sup> , d/w (R) hand (R) PWT X 74 <sup>o</sup> . Cuckup splint & ace wrap. To be seen by physician 8/26/01. — JOHN PURVIS, RN (PURVIS)
8/26/01 0505	4	NSG	O: immediate slgt. throughout shift, (R) more swollen, VS, O verbal complaint throughout (R) more continuous to be edematous in infirmary O: alt. comfort. P: assess hand as needed — M. Kish
8/26/01 0730	4	NSG	S: "I'm alright." — O: (R) hand in splint & ACE bandage intact. Pt. declined medication or ice; VS: Stated he wanted to rest; (apple good) Resp. reg & easy; O/SOB; O: acute distress; no voiced complaints. A: Alteration in comfort. P: Continue to monitor in infirmary. — J. McDuff JAMES McDUFF, RN
8/26/01 1100	4	11	S: drowsy seen in infirmary. Pain surging R hand - fall in shower last night - tenderness on hand - O: Pseudolymph, swelling R 4-5 mm area - A: Poss fx metacarpal P: Will maintain splint, ace - Refer in AM for X-ray -

Date/ Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan	
			Rem	Subjective, Objective, Assessment, Plan
8/26/01 2005	4	NSG.	S: "I fell in the shower." O: VSS. 122/80, 95 <sup>8</sup> , 72, h. drowsy claim to have fallen in shower while holding towel and then fell on floor. R: hand in a fist position. Noted R hand edema to anterior aspect of hand. Tenderness found R thumb limited. A:alter. in comfort. P: 38° confirming alteration. R arm motion 0-30 RUV 24°. d/w R hand 0-90 X 74°. C: splint & ice pack. D: to be seen by physician 9/16/01	JOHN PURVIS, RN (Signature)
8/26/01 NSG	4	NSG	O: initial S: R thumb stiff, O: R hand very swollen, VSS. O: verbal complaint R thumb stiff. R: hand continues to be edematous in R arm P: off comfort. A: R hand what is new. M: fresh	MARCI KISH, RN (Signature)
8-26-01 0730	4	NSG	S: "I'm alright." O: R hand - splint & ACE bandage intact. Pt declined medication or ice. VS: Stated he wanted to rest. (Appetite good) Resp neg/easy. OSAB: O: acute distress. no voiced complaints.	
			A: Alteration in comfort. P: Continue to monitor in infirmary.	JAMES McDUFF, RN (Signature)
8-26-01 1100	41	I	S: Didn't sleep in infirmary. P: Pain swelling R hand - fall in shower and R hand - swelling on hand - O: R hand edema, swelling R 45 min ago - A: Poss fx of ulnar carpal P: Will maintain splint, ace - Refer in AM for X-ray -	D. BASHLINE, D.O. (Signature)

## PROGRESS NOTES

 Inpatient Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7-26-01 1130	4	NSG	S: "I'm fine." O: Pt. released from infirmary per physician's order; no voiced complaints. A: Alteration in comfort. P: Follow c x-ray of R hand in Am; Pt. aware Pt. released to general population. J. McDuff JAMES McDUFF, RN
7-27-01 0902	4	CSPHS	Pt. Schedul'd for onsite x-ray r/R hand on Mon 8/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould RT/Gen Clinical Specialist
7-27-01 005	4	I	S defined per nsr stpt to R hand - (lo shppe) in the shower 2 days ago O: PTS dorsal hand - tenderness/pulpaton 4th-5th metacarpal CMS/int/r XRAY R minimally displaced 4th M/carpal head Fr. A: R hand Fr. P: Sh to MCHW or fracture to casts. Security to be notified by Admin. Asst. M/carpal to be treated by physician. - A son ALBION 9/1/01
			DR. M. BAKER Medical Director MW 7-27-01

## PROGRESS NOTES

## Outpatient

[ ] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
8-26-01 11 <sup>30</sup>	4 NSG		<p>S: "I'm fine."</p> <p>O: Pt. released from infirmary per physician's order; no voiced complaints</p> <p>A: Alteration in comfort.</p> <p>P: Follow &amp; x-ray of <u>R</u> hand in AM;</p> <p>Pt. aware Pt. released to general population</p> <p><i>J. McDuff JAMES McDUFF, RN</i></p>
8/27/01 0902	4 CSPHS		<p>pt. Scheduled for onsite X-ray of <u>R</u> hand on Mon 8/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould Clinical Specialist</p>
9/27/01 1005	4 I		<p>S defined per res staff to <u>R</u> hand - (do) slipped in the shower 2 days ago</p> <p>O: PTS dorsal hand - tenderness/pulpar 4th-5th metacarpal CMS/intact</p> <p>X-ray P minimally displaced 4th metacarpal head Fr.</p> <p>A: <u>Observe</u> Fr.</p> <p>P: Fracture MCHU or fracture of 4th metacarpal head. Referred to be notified by Admin. Asst. Method to be treated by physician.</p> <p><i>070804 1005</i></p>
			<p>A son of MCHU 4th metacarpal head</p> <p><i>AM 8-24-01</i></p> <p>DR. MARK BAKER</p>

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1/03/70

1) Institution:

SCI ALBION

Progress Notes  
Commonwealth of Pennsylvania  
Department of Corrections  
DC-472

Date/ Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan Remark:
8/27/10 1628	4	CSPHS	Pt Scheduled offsite @ MCH-ER this day~ eval tx (R) hand fr. Security notified Rebecca Gould Clinical Specialist RH Mowad
8/27/10 189 - 1705 175			S: I FEEL FINE~ O: inmate returned from MCH hospital fr RT hand: Splint worn since inj Oct - never had check RT hand w/w. No C/o pain/ discomfort n. pain compnt. P: Released to Gen. Population short referee to Dr. Burke PD for Rx - follow up case
			TOM HICKEY, RN <i>TOM HICKEY</i> <i>Hickey</i>
9/1/10 1105	5	CSPHS	Pt scheduled visit c Dr. T. Ferretti on Fri 9/1/10 during the Ortho clinic. Unable to schedule pt offsite due to scheduling & Security concerns. Spoke c Dr. Ferretti's staff re: this issue. ~ S/p fr. (R) hand Rebecca Gould Clinical Specialist RH Mowad
9/14/10 1230	5	CSPHS	Pt "No Shows" for Ortho clinic. Per Dr. Ferretti, pt to be scheduled offsite @ MCH Ortho clinic for rev w/in 2 wks. Rebecca Gould Clinical Specialist RH Mowad
9/17/10 1439	5	CSPHS	Pt scheduled offsite @ MCH Ortho clinic c Dr. T. Ferretti on wed 9/26/10 fr. (R) hand. Rebecca Gould Clinical Specialist RH Mowad

Date/ Time	Prob #	Case 1:03-cv-00149-SJM-SPB Discipline Abbreviation	Document 91-2 Subjective, Objective, Assessment, Plan R/09/2005 Page 20 of 30
8/27/01 1028	4	CSPHS	Pt Scheduled offsite @ MCH-ER this day~ eval tx @ hand fr. Security notified Rebecca Gould Clinical Specialist R.R. Gould
8/27/01 1055	1705	S: I FEEL FINE	O: INMATE returned FROM MCH hospital Fr 2T hours. Spknt/ mm skinig infect - needs pac. check 2 hours w/w. No clo poor/ discomfort a. skin compri. b. released to new poplaris plant referred to Dr. Berlin PD PD - Rx - follow up cone
			TOM HICKEY, RN <i>TOM Hickey</i>
9/1/01 1105	5	CSPHS	Pt scheduled inskt. c Dr. T. Ferretti on Fri 9/1/01 during the ortho clinic. Unable to schedule pt offsite due to scheduling & Security concerns. Spok. c Dr. Ferretti's staff re this issue. ~ S/p tx @ hand Rebecca Gould Clinical Specialist R.R. Gould
9/1/01 1230	5	CSPHS	Pt "No Show" for Ortho clinic. Per Dr. Ferretti, pt is to be scheduled offsite @ MCH Ortho clinic for rev w/in 2 wks Rebecca Gould Clinical Specialist R.R. Gould
9/11/01 1439	5	CSPHS	Pt scheduled offsite @ MCH Ortho clinic c Dr. T. Ferretti on wed 9/26/01 txed @ hand. Rebecca Gould Clinical Specialist R.R. Gould

## PROGRESS NOTES

 Outpatient Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9/20/01		PAC	S/O
16/10 #9			O/w s/o A fracture 4 <sup>th</sup> /5 <sup>th</sup> metacarpal R hand P. chart reviewed & D'Ferrelli, in note was also shown for on site doc (9/14) discussed @ night will take x-ray on site then transport to MCH for review due to security issue of non emergent outside trip will follow process per D'Ferrelli direction
9/21/01		PAC	P. n/s PA/Sicher - R 0900hr apt. <i>TPAC</i>
10/05		I	
9/21/01		PAC	Wants cast placed on R hand <i>TPAC</i>
10/10 (19)		I	clo excessive motion in splint. Admits to taking splint off to clean hand on a regular basis. Splint intact - visual gutter plaster splint. CMS intact. Capillary refill, sensation intact - 053.
			A-SIP Metacarpal Fr 4&5 R hand P. x-ray done - to be film to D'Ferrelli's office for review, will US for X-ray in near future cast/pain until then. pt can use crutches <i>TPAC</i>

Inmate Name: Green Tyrone

Inmate Number: #4593

DOB: 1-23-70

Institution: Mtn

## PROGRESS NOTES

 Inpatient Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9/20/01		PK	S/D
16/01	#9		Own accm A fracture 4 <sup>th</sup> /5 <sup>th</sup> metacarpal R hand P. chart reviewed. Di Feretti, in note was a is shown for on site doc (9/14) discussed @ height will take x-ray then transport to MCH for review due to severity issue of non emergent outside the prison follow process per Di Feretti direction
9/21/01		PK	P. N/S R/M Sustained 4/5 metacarpal Teleg-PAC
005		I	
9/21/01		PK	Wrist cast placed on R hand
10/10 (19)		I	Admits to taking splint off to clean hand on a regular basis. G. Splint intact - ulnar gutter plastic splint CNS intact. Capillary refill. sensation intact. Q5BS.
			A-S/P Metacarpal Fr 4/5 R hand P. X-ray done - to be taken to Di Feretti's office for review, will N/S for Rx plan in a few days - cont splint until then. pt to be seen in 10 days. Teleg-PAC

10/1/01	19	C5PHS	Pt's offsite appt. on 9/24/01 w/ Dr. T. Ferrell has been 2/3 for the 10/13 for insite clinic. X-rays reviewed by Dr. Ferrell on 9/21/01, healing well & no medical necessity to send Pt. offsite. <span style="margin-left: 100px;">Rebecca Gould</span> Clinical Specialist <span style="margin-left: 100px;">Rhonda Mowry</span>
10/12/01	19	C5PHS	S: Ortho. Clinic O: See DCU41 A: S/p (R) 4th & 5th mc fx. P: X-ray OOS (done today) PT R/T C Pkw. PT verbal understanding <span style="margin-left: 100px;">Rebecca Gould</span> Clinical Specialist <span style="margin-left: 100px;">Rhonda Mowry</span>
10/25/01	PA	S	Highly Tolbutamide hand Rosen also c/o 1335 P <span style="margin-left: 100px;">Dear Dr. G. Request offsite also stated      that did not repeatedly take splint off hand      only x1 to wash hand. Wants PT for hand      O: HEENT: <del>2 cm x 0.5 cm</del> myself (assume loose)      Skins (scaly noted) Palmar <span style="margin-left: 100px;">R hand</span>      muscles almost flaccid <span style="margin-left: 100px;">R wrist grip strength 15</span>      A: Tinea Manu, Cerumenosis Au, S/P Rx Stereotape      2/4 (R hand)</span>
			<span style="margin-left: 100px;">P: Rx: Deltroxotetra 100 mg BID x 5 days followed      for ear itchy. Tolbutamide 1/200 mg BID x 3000 U/L. Motrin      600 mg QID for 3000 U/L. (instructed to demonstrate how to      exercise limb &amp; go with pt to hand PT. R/T as above      for pt verbal understanding <span style="margin-left: 100px;">Rhonda Mowry</span></span>
10/31/01	PA		no show pt live B400 apt no medical medication to include <span style="margin-left: 100px;">Rhonda Mowry</span>

TAMMY MOWRY, PA

TAMMY MOWRY, PA

## PROGRESS NOTES

 Inpatient Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
11-28-01		PAC	Sweet Ains clinic O See DC 470
1505 C			A depression P fit as scheduled
3502		PAC	S 20 hemroids noticed & sweet as advised
1600 to TI			bleeding daily more than average O noted small unthrombosed vein noted a 1/2 clock hemoroid; cutanal level
			A hemoroids P. Ibucane 1% apply daily x 10 days A needs especially to clean and industeadly
2150		PAC	S 1500 Rx 500 O See DC 470
1615 (P)			A. Aspergophen list P lab's order - test lab explained Rx Pt verbalized understanding
3/25/02	1020 AM	O!	Patient received health education with regard to TB prevention and treatment verbalizes understanding
			Pt. received Hepatitis C educational pamphlet and health education regarding access and screening process. Pt. verbalized understanding.
			HC 1024/01 - Blanca BARBARA MONROE, R



## PROGRESS NOTES

 Inpatient Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7-27-02 0920	#9	PAe	S requesting spell Tolnattate 5% ointment just came back ① hand skin peeling A line man P: Tolnattate cream apply BID x 3 days (sqad) REPM
			TAMMY MOWRY, PA
12-1-02 1520	PAe	NSG	O: Placed in EHR No medical contraindications for PAe placement — D.D. Daniel Pizybrowski RN II
12-20-02 1235 (19) 12/21	PAe	S	Clo① hand pain W/Exacerbating trama "aching" O: X-ray digit 2nd dist. pt. of thumb to 4th & 5th metacarpals X-ray 10/12/01 @ fix 4th & 5th metacarpals. A post traumatic MRI R hand P: MC: Motrin 200mg PO TID x 14 days. D/T of wrist underlying
1/22/03 1055	PAe	S	Clo① hand pain. Clo Glycoset c motrin "d/d it with" also ch. sock 1/2 on pt. of thumb "Cervical" c/elp c Tolnattate. wantz (and) ac. Difit 2 <sup>o</sup> Geno "Latat". O: X-ray 10/12/01 @ healed fx base 4th & 5th metacarpals

Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Facility: SCI Albion

## Progress Notes

Commonwealth of Pennsylvania  
Department of Corrections  
DC-472

Date/ Time	Pch #	Discipline Abbreviation	Document 91-2	Remark: Subjective, Objective, Assessment, Plan
1/22/03	84C		Case 1:03-cv-00149-SJM-SPB	Filed 12/09/2005 Page 28 of 30
1/20/03 (24)				Gastroesophageal reflux disease Absent MD PBTxcl - non
	19			A: Postprandial burping, belching, flatulence, bloating P: No visible worm if $T < 32^\circ$ , inc. Micturition 2-3 times B10x300 QPRF. And an diet x1/20 days, advised LMP3 P1000 Hyper - Rx: Carafate 1gm po QID & matrix 300x2PRF. Motrin 200mg po QID pc & Carafate x300x2PRF. Rx: Rx: pt understood
1/20/03 (24)	84C			S: Up diarrhea for 2 days. stool softer than normal (B/C) Closx x2ules ↑ Stress scratch → 5x Stomach Stress exacerbates BMs TID poorly O: Abd NT/MS, non pt in pain A: Suspect TBS w/o depression, BAd. P: Rx: Carafate 300x10 QID PRN x14 days. Rx: Rx: adult Flu & P. Rx: pt understood
3/20/03 (5)	130015	O:	Patient received health education with regard to TB prevention and treatment verbalizes understanding	Pt. received Hepatitis C educational pamphlet and health education regarding access and screening process. Pt. verbalized understanding.
4/28/03	84C		HCV #461 - Pt name	BARBARA MONROE, RN
1/4/03 #9			R: requesting info on Motrin and (carafate) for B: Head pain	
			O: B: Head E: eyes delineates noted Rm appears w/o neurovascular intact A: S: p B: Head P: Motrin 600mg po QID pm x 3 day ORF (carafate 1gm po QID x 3 day ORF doses OTUS Rxpm and as scheduled, pt understand	TAMMY M. MCNAUL, PA

## PHYSICIAN'S ORDERS

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1-23-70

Institution: SCI Albion

Drug Allergies:

Self-Medication Program  Yes  No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7-19-01 3		<i>Colistin 500mg 5hr q6hr OS qd x 10 days -&gt; give</i>
1455		<i>Dr. Mark Baker Medical Director</i>
		<i>7-20-01 1707</i>
7-27-01		<i>SMA 25 EKG ANS norm Mowry PA</i>
1315 B		<i>Dr. Mark Baker Medical Director</i>
		<i>7-27-01 1315 B Mowry PA</i>
7-30-01 4		<i>23° defining alternative Perogard 1000 PRN x 24° acet 750 mg qd PRN x 24°</i>
2000		<i>JOHN PURVIS, RN John Purvis, RN, 81256, RSO</i>
		<i>DR. DAVID BASHLINE D.O. 8-26-01 1100</i>
		<i>MARCIE KISH, RN II</i>
		<i>Marcie Kish, RN II, 8-26-01 1100</i>

## PHYSICIAN'S ORDERS

Inmate Name: Green, Jerome

Inmate Number: EP4593

DOB: 1-23-70

Institution: SCI Albion

### Drug Allergies:

**Self-Medication Program**  Yes  No

**DO NOT USE THIS SHEET  
UNLESS A RED NUMBER SHOWS**

Time	Comments	Signatures
7/19/01 3 1450	(Chest pain with SOB. SB. qts T OS q1/4 x 10 days → givn JRU 02 LPN Dated 7/21 170)	✓ Dr. Mark Baker Medical Director
7/20/01 1315 - B	SMA 25 EKG Ans norm Mildly	✓ Dr. Mark Baker Medical Director MONRY PA
7/20/01 10 10:45 AM	10/10/01 30 JODI EBRIGHT LPN	✓ Dr. Mark Baker Medical Director
7/20/01 4 2000	23° defining alteration Rug motri ch 0 PRW X 34° ch 70° @ waist ch 0 PRW X 34° ✓ Share with Dr. Bashline / Pmrrm 8/26, 90	✓ JOHN PURVIS, RN DR. DAVID BASHLINE, D.O. 8/26/01 1190
	Marcie 8/26/01 0500	MARIE KISH, RN II

PLEASE USE BALL POINT PEN ONLY